



General Information					
School Name				County	
No. of Faculty/Staff		No. of Classrooms		No. of Students	
Primary Point of Contact			Secondary Point of Contact		
Name			Name		
Title			Title		
Mailing Address			Mailing Address		
City			City		
State, ZIP			State, ZIP		
Phone			Phone		
e-mail			e-mail		
Recognition Guidelines					
Guideline 1: Skywarn™ Spotter Training (must include Lightning Safety training; S.P.O.T. Course)		At minimum, the principal, assistant principal(s), severe weather coordinator(s), physical education teacher(s), athletic director(s), and coach(es) completed NWS sponsored Skywarn™ Storm Spotter training course.			Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Date completed (mm/dd/yyyy):		Number Trained:		NWS Presenter (if applicable):	
<u>Verification Team General Notes:</u>					
				Date:	Initials:

Guideline 2: Severe Weather Threat Assessment Training (S.W.A.T. Course)		At minimum, the principal, assistant principal(s), severe weather coordinator(s), physical education teacher(s), athletic director(s), and coaches completed the online Severe Weather Threat Assessment training course.			Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Date completed (mm/dd/yyyy):		Number Trained:			
<u>Verification Team General Notes:</u>					
				Date:	Initials:
Note: Please do not write in shaded areas.					



Guideline 3: Severe Weather Emergency Plan (S.W.E.P.)	Develop, customize, maintain and review the SWEPP with faculty annually. Designate severe weather coordinator(s).	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Guideline 4: NOAA Weather Radio	A SAME NWR must be located in the school's front office and in the athletic office.	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Guideline 5: Back-up Weather Source	Establish at least one backup method to receive real time weather information at the front office.	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please Describe:		
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Guideline 6: Tornado Shelter Areas	Identify and prominently mark all potential tornado shelter areas on the school grounds. Routes to shelter areas should be marked if students and/or faculty are normally displaced from shelter areas.	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Include a basic floor plan of the shelter areas and routes in the S.W.E.P.		
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>



Guideline 7: Tornado Drills	Participate in at least 2 annual tornado drills; one must be the Florida Hazardous Awareness Week statewide tornado drill (each February).	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<u>Dates tornado drills completed (mm/dd/yyyy):</u>	<u>Drill 1:</u>	<u>Drill2:</u>
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Guideline 8: Daily Forecast Dissemination	Disseminate the daily NWS weather forecast with special attention called to the forecast on possible severe weather days.	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Guideline 9: Hazardous Weather Awareness Week	Participate in Hazardous Weather Awareness Week each February.	Completed Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<u>Verification Team General Notes:</u>		
		<u>Date:</u> <u>Initials:</u>

Signature of Applying Official	
<u>Application Submitted by: (print name):</u>	
<u>School:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	
<i>Note: Please do not write in shaded areas.</i>	